

CLAIMS ONLY						Application Number 10801944	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1									
2									
3									
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8									
9	1								
10		1							
11									
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13		1							
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18	1								
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49									
50									
Total Indep	3								
Total Depend	17								
Total Claims	20								

BEST AVAILABLE COPY